

Center for Health Information and Analysis
2 Boylston Street, Boston, MA 02116
Tel: 617-988-3100 Fax: 617-727-7662 TTY: 617-988-3175

NURSING FACILITY:
CONTACT INFORMATION FORM

Section I: Facility General Information

Provider ID	
Previous Provider ID	
Effective Date of Change in Provider ID	
Type of Change	<input type="checkbox"/> New <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Change in Legal Form <input type="checkbox"/> Change in Rate Notification Contact (A) <input type="checkbox"/> Change in User Fee General Contact Information (B) <input type="checkbox"/> Change in User Fee Renewal Notice Contact Information (C)
Legal Status	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> MA Corp (Chap 156) <input type="checkbox"/> MA Corp (Chap 156 with 501c(3) exemption) <input type="checkbox"/> MA Non-Profit Corp (Chap 180) <input type="checkbox"/> Partnership </div> <div> <input type="checkbox"/> Non MA Corp <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Governmental Entity <input type="checkbox"/> Other For-Profit <input type="checkbox"/> Other Non-Profit </div> </div>
Legal Facility Name	
Facility Name (Doing Business As), if different:	
Division	
Facility Street Address	
Facility City, State, ZIP Code	
Federal Employer Identification Number	

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Section II: Contact Information

Contact Type	(A) Rate Notification	(B) User Fee General	(C) User Fee Renewal Notice
Facility Contact Name	<input type="checkbox"/> Primary Contact	<input type="checkbox"/> Primary Contact	<input type="checkbox"/> Primary Contact
Facility Contact Title			
Mailing Street Address ¹			
Mailing City, State, ZIP Code			
Facility Contact Phone Number			
Facility Contact Fax Number			
Facility Contact e-mail address			

Signature of Preparer

Date

Print Name of Signatory (above)

Print Title

¹ See Instructions